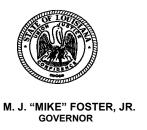
State of Louisiana DIVISION OF ADMINISTRATION



OFFICE OF STATE UNIFORM PAYROLL

MARK C. DRENNEN
COMMISSIONER OF ADMINISTRATION

June 5, 2003

OFFICE OF STATE UNIFORM PAYROLL MEMORANDUM #2003-67

TO: All ISIS HR Paid Agencies

FROM: Jena W. Cary

Director

SUBJECT: Policy on Credit Union Deductions

Effective July 1, 2004, the Office of State Uniform Payroll (OSUP) is changing the policy on credit unions to require that payments to credit unions be processed through direct deposit by Electronic Funds Transfer (EFT). Credit unions have been informed about this upcoming change.

ISIS HR Paid agencies are advised that all employees with a credit union deduction must complete a Direct Deposit Enrollment Authorization - Main Bank Form (OSUP/F12A) and/or a Direct Deposit Enrollment Authorization - Other Bank Form (OSUP/F12B) in order to continue having a portion of their payroll sent to a credit union account. It is the agency's responsibility to assure that all employees' records are changed appropriately. All credit union deductions (Info Type 14) will be delimited automatically as of <u>June 20, 2004</u>.

NOTE: All employees paid on the ISIS HR Payroll system are allowed to have 1 main bank detail and 3 other bank details.

Agencies must run the Recurring/Additional Payments/Deds Detail Report (ZP74) for a list of employees with recurring credit union deductions. This report must be run for the following wage types: 5221-5235, 5237-5240, 5421-5435, 5437-5440. This report will identify which employees must complete the appropriate Direct Deposit form to change his or her deduction to a bank transfer if they want to continue having a portion of their payroll sent to a credit union account. The Direct Deposit Enrollment Authorization forms are attached for your use.

If you have any questions or concerns about this change, please contact Angela Woods at (225) 342-5345.

Attachments: Direct Deposit Enrollment Authorization - Main Bank (OSUP/F12A)

Direct Deposit Enrollment Authorization - Other Bank (OSUP/F12B)

JWC:PFJ/kmb

STATE OF LOUISIANA ISIS HUMAN RESOURCE SYSTEM DIRECT DEPOSIT ENROLLMENT AUTHORIZATION MAIN BANK (PRIMARY ACCOUNT)



	DEPARTMENT/OFFICE OR AGENCY	
ACTION TYPE (one) □ NEW □ CHANGE	☐ TERMINATE THIS OPTION	
	MARY ACCOUNT INFORMATION (Main Bank) WILL BE EQUAL TO NET PAY LESS ANY DEPOSITS TO SECONDARY ACCO	DUNTS.
FINANCIAL INSTITUTION NAME	FINANCIAL INSTITUTION ROUTING (ABA) NUMBER (Bank Ke	<u>ey)</u>
BANK ACCOUNT NUMBER	ACCOUNT NAME (Ex: Mr. and Mrs. John Doe, John or Jane Doe,	John Doe)
ACCOUNT TYPE (one) (Bank Control Key) *CHECKING (provide voided check or account verification *SAVINGS	*Account verification or completion of enrollment of financial institution will assure the accuracy of account of the second state of the second s	ount data:
(obtain account # & ABA # from financial in (Print full name)		
check to the account at the financial i	, authorize and request the State of Louisiana to nstitution I designated above.	direct my
r any funds paid to me which are not aployer) to adjust the amount next due future payroll checks so that the overexceed 12 months].	due and owing to me, I hereby agree and authorize my appoint to me to correct the overpayment, or to recover amount overpaid or will be repaid or recouped within a reasonable number of apployee Administration Office, as appropriate, should any charge conditions are met, this authorization remains in full effect we	ting auth d by redu f months
r any funds paid to me which are not aployer) to adjust the amount next due future payroll checks so that the overexceed 12 months].	due and owing to me, I hereby agree and authorize my appoint to me to correct the overpayment, or to recover amount overpaid by agree and authorize my appoint to me to correct the overpayment, or to recover amount overpaid by agree within a reasonable number of apployee Administration Office, as appropriate, should any charge conditions are met, this authorization remains in full effect untersigned form (OSUP/F12A) indicating termination of this option and reasonable opportunity to act on the termination. However, for any account information that I add or any changes that I	ting auth d by redu f months
r any funds paid to me which are not apployer) to adjust the amount next due future payroll checks so that the overexceed 12 months]. is my responsibility to notify my Encount specified. Considering all above need notification to terminate, or another me and the State of Louisiana has a acknowledge that I am responsible	due and owing to me, I hereby agree and authorize my appoint to me to correct the overpayment, or to recover amount overpaid by agree and authorize my appoint to me to correct the overpayment, or to recover amount overpaid by agree within a reasonable number of apployee Administration Office, as appropriate, should any charge conditions are met, this authorization remains in full effect untersigned form (OSUP/F12A) indicating termination of this option and reasonable opportunity to act on the termination. However, for any account information that I add or any changes that I	ting auth d by redu f months nges occu ntil a wri on is rece I unders make to
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CHECK HERE IF SECONDARY ACCOUNT FORMS ARE ATTACHED

STATE OF LOUISIANA ISIS HUMAN RESOURCE SYSTEM DIRECT DEPOSIT ENROLLMENT AUTHORIZATION OTHER BANK (SECONDARY ACCOUNT)



EMPLOYEE SSN	DEPARTMENT/OFFICE OR AGENCY	
	E THIS OPTION IONAL SECONDARY ACCO	DUNT
_	Y ACCOUNT INFORMATI (Other Bank) TO THIS ACCOUNT WILL BE EQU LOW OR THE PERCENTAGE OF NE	AL TO
FINANCIAL INSTITUTION NAME	FINANCIAL INSTITUTION ROL	JTING (ABA) NUMBER (Bank Key)
BANK ACCOUNT NUMBER	ACCOUNT NAME (Ex: Mr. and	Mrs. John Doe, John or Jane Doe, John Doe)
ACCOUNT TYPE (one) (Bank Control Key) *CHECKING (provide voided check or account verification) *SAVINGS (obtain account # & ABA # from financial institution)	financial institution will a	completion of enrollment form by ssure the accuracy of account data:
PERCENT OF NET TO THIS ACCOUNT(Print full name)		OUNT TO THIS ACCOUNT
I, percent of my net pay check or the dollar amount of the for any funds paid to me which are not due and (employer) to adjust the amount next due to me to my future payroll checks so that the overpayment to exceed 12 months]. It is my responsibility to notify my Employee account specified. Considering all above conditisigned notification to terminate, or another signed from me and the State of Louisiana has had reason acknowledge that I am responsible for any accounts through Employee Self Service (when av	owing to me, I hereby agree correct the overpayment, or twill be repaid or recouped with Administration Office, as appons are met, this authorization I form (OSUP/F12B) indicating onable opportunity to act on the account information that I account information in the country in the countr	and authorize my appointing authority or ecover amount overpaid by reducing hin a reasonable number of months [no ropriate, should any changes occur to remains in full effect until a written g termination of this option is received the termination. However, I understand
· ·	ailable).	
Signature *Agency requirements may vary. Contact your Employee	Date	Phone where you can be reached between 8:00 and 4:30 any questions.
*Agency requirements may vary. Contact your Employee TO BE COMPLETED BY EMPLOYEE ADMINISTRATIO	Date Administration office if you have a	between 8:00 and 4:30 any questions.

CHECK HERE IF ADDITIONAL ACCOUNT FORMS ARE ATTACHED